



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C051271

1. DATE OF REPORT 1/13/2006	OFFICE USE ONLY
------------------------------------	-----------------

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE COLEMAN FOR MISSOURI	
3. COMMITTEE MAILING ADDRESS PO BOX 775458 CITY / STATE / ZIP ST LOUIS MO 63177	4. COMMITTEE TELEPHONE NUMBER
5. TREASURER'S NAME TIM HOGAN	
6. TREASURER'S MAILING ADDRESS P OBOX 31334 CITY / STATE / ZIP ST LOUIS MO 63131	7. TREASURER'S TELEPHONE NUMBER HOME: (314) 909-5656 WORK:
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION 8/8/2006	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 11/14/2005 THROUGH 12/31/2005	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY MAIDA COLEMAN 1619 A CORROLL ST ST LOUIS MO 63104 (314) 621-2902 STATE AUDITOR <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input checked="" type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jan 13 2006 4:17PM TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jan 13 2006 4:17PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE	DATE OF REPORT	OFFICE USE ONLY
COLEMAN FOR MISSOURI	1/13/200	

RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 31,600.00		MONEY ON HAND	
3. ALL LOANS RECEIVED THIS PERIOD	+ \$ 0.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 0.00
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 31,600.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 31,600.00
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 3,355.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- \$ 750.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 34,955.00		a) Disbursements By Check \$ 750.00 b) Disbursements By Cash \$ 0.00	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 0.00		28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 30,850.00
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 34,955.00		
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION		
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00		
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 750.00		INDEBTEDNESS	
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0.00			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0.00		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0.00
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 750.00		30. LOANS RECEIVED THIS PERIOD	+ \$ 0.00
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 750.00	31. NEW DEBTS INCURRED THIS PERIOD	+ \$ 0.00
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION		
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0.00	32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$ 0.00
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0.00		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0.00
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0.00		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$ 0.00
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0.00		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0.00
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 0.00		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0.00			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0.00			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0.00			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0.00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE COLEMAN FOR MISSOURI		2. REPORT DATE 1/13/2006	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 34,955.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 34,955.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 31,600.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 3,355.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 3,355.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 31,600.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 31,600.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE COLEMAN FOR MISSOURI	DATE 1/13/2006
---	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Committee to elect Rita Days CITY/STATE: 7231 Winchester Dr EMPLOYER: St. Louis Mo <input checked="" type="checkbox"/> COMMITTEE:	12/28/2005 ----- \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Black Women Pol Action Coalition CITY/STATE: 2830 Michigan Ave EMPLOYER: St. Louis Mo <input checked="" type="checkbox"/> COMMITTEE:	12/28/2005 ----- \$ 0	\$ 600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: DHSC CITY/STATE: 477 N. Linbergh Blvd EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	12/2/2005 ----- \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randolph Wilkins CITY/STATE: 6140 Arendes Dr EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	12/1/2005 ----- \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dawn Moore CITY/STATE: 9762 Co. Rd. 371 EMPLOYER: New BloomField, Mo <input type="checkbox"/> COMMITTEE:	12/1/2005 ----- \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donal Moore CITY/STATE: 885 Carmelita Lane EMPLOYER: Florissant, Mo <input type="checkbox"/> COMMITTEE:	12/1/2005 ----- \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: International Union of Operating Engineers Local 2 VPAF CITY/STATE: 2929 S. Jefferson Ave EMPLOYER: St. Louis, Mo <input checked="" type="checkbox"/> COMMITTEE:	12/1/2005 ----- \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Holcim CITY/STATE: 201 Jones Rd EMPLOYER: Watham, MA <input type="checkbox"/> COMMITTEE:	12/6/2005 ----- \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

COLEMAN FOR MISSOURI

DATE

1/13/2006

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: General Motors Corporation PAC CITY/STATE: 1660 L Street NW Suite 400 EMPLOYER: Washington DC <input checked="" type="checkbox"/> COMMITTEE:	12/6/2005 ----- \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert L Boone CITY/STATE: 749 Kathy Lane EMPLOYER: Jefferson City, Mo <input type="checkbox"/> COMMITTEE:	12/13/2005 ----- \$ 0	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Wall Fraser CITY/STATE: 581 Stratford Ave EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	12/6/2005 ----- \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Slay for Mayor CITY/STATE: 6559 Itaska St. EMPLOYER: St. Louis, Mo <input checked="" type="checkbox"/> COMMITTEE:	12/7/2005 ----- \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ruby L Bonner CITY/STATE: 5816 Westminster Pl EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	12/12/2005 ----- \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: United Health Care CITY/STATE: P.O. Box 1459 EMPLOYER: Minneapolis, MN <input type="checkbox"/> COMMITTEE:	12/15/2005 ----- \$ 0	\$ 600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Wall Fraser CITY/STATE: 581 Stratford Ave EMPLOYER: St. Louis, MO <input type="checkbox"/> COMMITTEE:	12/22/2005 ----- \$ 600	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Phillipe J Jones CITY/STATE: 820 Lamplight Ln EMPLOYER: Hazelwood, MO <input type="checkbox"/> COMMITTEE:	12/23/2005 ----- \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

COLEMAN FOR MISSOURI

DATE

1/13/2006

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Martha J West 5112A Greer Ave CITY/STATE: St. Louis, MO EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/27/2005 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: O. L. Shelton 1803 Cora CITY/STATE: St. Louis, MO EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/27/2005 \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: AT&T Missouri Employee PAC One SBC Center CITY/STATE: St. Louis, MO EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	12/22/2005 \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: St. Louis 7th Ward Democrats 29th Mirton CITY/STATE: St. Louis, MO EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: the 5th Senatorial District Democratic Committee 29th Mirton CITY/STATE: St. Louis, MO EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ms. Odell Hayes 4144 Lindell Blvd CITY/STATE: St. Louis Mo EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Thomas L Mines 4144 Lindell Blvd CITY/STATE: St. Louis Mo EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Francie Broderick 6742 Chamberlain CITY/STATE: St. Louis Mo EMPLOYER: <input type="checkbox"/> COMMITTEE:	12/30/2005 \$ 0	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

--

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
COLEMAN FOR MISSOURI

DATE
1/13/2006

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Lavert Morrow CITY/STATE: 26 Windermere PL. EMPLOYER: St. Louis Mo <input type="checkbox"/> COMMITTEE:	12/30/2005 ----- \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bruce Williams CITY/STATE: 5215 Kingwood EMPLOYER: St. Louis Mo <input type="checkbox"/> COMMITTEE:	12/29/2005 ----- \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Claude Leach CITY/STATE: P.O. Box 997 EMPLOYER: Lake Charles LA <input type="checkbox"/> COMMITTEE:	12/29/2005 ----- \$ 0	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christina Levison CITY/STATE: 2322 Albion Pl EMPLOYER: St. Louis Mo <input type="checkbox"/> COMMITTEE:	12/30/2005 ----- \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Harriet F Woods CITY/STATE: 155 N Hanley Rd EMPLOYER: St. Louis Mo <input type="checkbox"/> COMMITTEE:	12/29/2005 ----- \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tri-County Group XV, Inc CITY/STATE: PO Box 1927 EMPLOYER: Cape Girardeau Mo <input type="checkbox"/> COMMITTEE:	12/23/2005 ----- \$ 0	\$ 400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Richard Callow CITY/STATE: 1517 Washington Ave EMPLOYER: St Louis, Mo <input type="checkbox"/> COMMITTEE:	10/24/2005 ----- \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: S. Lee Kling CITY/STATE: 17 Country Life Acres EMPLOYER: St Louis, Mo <input type="checkbox"/> COMMITTEE:	11/8/2005 ----- \$	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE COLEMAN FOR MISSOURI	DATE 1/13/2006
---	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Lloyd J, Carmichael 901 St. Louis St CITY/STATE: Springfield, Mo EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/2/2005 ----- \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don C Bedell CITY/STATE: P.O. Box 1210 EMPLOYER: Sikeston, Mo <input type="checkbox"/> COMMITTEE:	11/15/2005 ----- \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Daniel A Reniere CITY/STATE: 1015 Locust St STE 905 EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	11/22/2005 ----- \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen F Meyerkord CITY/STATE: 13004 Sunny Dawn Court EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	11/21/2005 ----- \$ 0	\$ 600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Meyerkord, Rineberg & Graham LLC CITY/STATE: 1717 Park Avenue EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	11/22/2005 ----- \$ 0	\$ 600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Husch & Eppenberger, LLC CITY/STATE: 190 Carondelet Plaza EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	11/23/2005 ----- \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Schlichter Bogart & Denton CITY/STATE: 100 South 4th St. Suite 900 EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	11/22/2005 ----- \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: The Law Offices of Timothy Hogan CITY/STATE: 1505 S Big Bend Blvd EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	11/29/2005 ----- \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

COLEMAN FOR MISSOURI

DATE

1/13/2006

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Bauer & Baebler PC CITY/STATE: 1010 Market St. Suite 350 EMPLOYER: St. Louis, Mo <input type="checkbox"/> COMMITTEE:	11/29/2005 ----- \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Bardgett & Associates, Inc CITY/STATE: 16141 Swingley Ridge Rd EMPLOYER: Chesterfield, Mo <input type="checkbox"/> COMMITTEE:	11/29/2005 ----- \$ 0	\$ 600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Demetrius J Matthews CITY/STATE: 8035 Misty Vale EMPLOYER: Houston, Tx <input type="checkbox"/> COMMITTEE:	11/29/2005 ----- \$ 0	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carroll & Associates CITY/STATE: 1000 Country Club Dr. EMPLOYER: Hannibal, Mo <input type="checkbox"/> COMMITTEE:	11/30/2005 ----- \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Stepleton 3 Selma Ct. CITY/STATE: Webster Groves, MO EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/28/2005 ----- \$ 0	\$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carolyn Mahoney 1901 Andrea Dr. CITY/STATE: Jefferson City, Mo EMPLOYER: <input type="checkbox"/> COMMITTEE:	11/28/2005 ----- \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Heartland Radiology, Inc CITY/STATE: 221 Physicians Park Drive EMPLOYER: Poplar Bluff Mo <input type="checkbox"/> COMMITTEE:	12/28/2005 ----- \$ 0	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Walton 2000 CITY/STATE: 8776 N Broadway EMPLOYER: St. Louis Mo <input checked="" type="checkbox"/> COMMITTEE:	12/28/2005 ----- \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

--

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

COLEMAN FOR MISSOURI

DATE

1/13/2006

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Alan H Morris CITY/STATE: 8318 Kingsbury Blvd EMPLOYER: St. Louis Mo <input type="checkbox"/> COMMITTEE:	12/28/2005 ----- \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Committee to elect Yvonne Wilson CITY/STATE: P.O Box 301067 EMPLOYER: Kansas City Mo <input checked="" type="checkbox"/> COMMITTEE:	12/27/2005 ----- \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marsha Chism CITY/STATE: 201 E. Elm St EMPLOYER: Auvasse Mo <input type="checkbox"/> COMMITTEE:	12/13/2005 ----- \$ 0	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Della A Gathright CITY/STATE: 6382 County Rd 260 EMPLOYER: Auvasse Mo <input type="checkbox"/> COMMITTEE:	12/14/2005 ----- \$ 0	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: W.D. Flowers CITY/STATE: 2819 Lemp Avenue EMPLOYER: St. Louis Mo <input type="checkbox"/> COMMITTEE:	12/23/2005 ----- \$ 0	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dawn Moore CITY/STATE: 9762 County. Rd. 371 EMPLOYER: New BloomField Mo <input type="checkbox"/> COMMITTEE:	12/23/2005 ----- \$ 0	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Coleman for Pro-Tem Leadership Committee CITY/STATE: P.O Box 771425 EMPLOYER: St.Louis Mo <input checked="" type="checkbox"/> COMMITTEE:	12/29/2005 ----- \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: 58th Democratic Legislative District Committee CITY/STATE: 14101 Comet Dr EMPLOYER: St. Louis Mo <input checked="" type="checkbox"/> COMMITTEE:	12/28/2005 ----- \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

COLEMAN FOR MISSOURI

DATE

1/13/2006

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Steve Chalmers CITY/STATE: 3002 Louisiana Ave EMPLOYER: St. Louis Mo <input type="checkbox"/> COMMITTEE:	12/30/2005 ----- \$ 0	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Committee to Elect Esther Haywood CITY/STATE: PO Box 45172 EMPLOYER: St. Louis Mo <input checked="" type="checkbox"/> COMMITTEE:	12/27/2005 ----- \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Missouri Society of Anesthesiologists PAC CITY/STATE: PO Box 1402 EMPLOYER: Jefferson City Mo <input checked="" type="checkbox"/> COMMITTEE:	12/20/2005 ----- \$ 0	\$ 1,200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: K12 Inc CITY/STATE: 8000 Westpark Drive EMPLOYER: McLean Va <input type="checkbox"/> COMMITTEE:	12/16/2005 ----- \$ 0	\$ 600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rick Kalina CITY/STATE: 105 Lake Forest Dr EMPLOYER: St Louis Mo <input type="checkbox"/> COMMITTEE:	11/29/2005 ----- \$ 0	\$ 896.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Kane and Horah Land Co CITY/STATE: 325 Paul Ave EMPLOYER: St Louis Mo <input type="checkbox"/> COMMITTEE:	12/7/2005 ----- \$ 0	\$ 634.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: AFS Realty CITY/STATE: 462 North Taylor EMPLOYER: St Louis Mo <input type="checkbox"/> COMMITTEE:	11/1/2005 ----- \$ 0	\$ 600.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: AFS Realty CITY/STATE: 462 North Taylor EMPLOYER: St Louis Mo <input type="checkbox"/> COMMITTEE:	12/1/2005 ----- \$ 0	\$ 600.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

COLEMAN FOR MISSOURI

DATE

1/13/2006

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: John D McGurk's CITY/STATE: 1200 Russell EMPLOYER: St Louis Mo <input type="checkbox"/> COMMITTEE:	11/29/2005 ----- \$ 0	\$ 625.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Brenda L. Park CITY/STATE: 340 South 24th St. EMPLOYER: Quincy, Il <input type="checkbox"/> COMMITTEE:	11/30/2005 ----- \$ 0	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carroll & Associates CITY/STATE: 1000 Country Club Dr. EMPLOYER: Hannibal, Mo <input type="checkbox"/> COMMITTEE:	12/1/2005 ----- \$ 200	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Deanna Gallagher CITY/STATE: 4005 Greenbrier Drive EMPLOYER: Jefferson City, Mo <input type="checkbox"/> COMMITTEE:	12/1/2005 ----- \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: H. Clarkston Consulting CITY/STATE: 6920 Loesch Rd EMPLOYER: Jefferson City, Mo <input type="checkbox"/> COMMITTEE:	12/1/2005 ----- \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Christopher M. Schappe CITY/STATE: 1900 El Chaparral Ave EMPLOYER: Columbia, Mo <input type="checkbox"/> COMMITTEE:	12/1/2005 ----- \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
FUND-RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C051271

REPORT DATE

1/13/2006

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

COLEMAN FOR MISSOURI

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

4. DATE OF ACTIVITY OR EVENT

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

5. NUMBER OF PARTICIPANTS

0

RECEIPTS FROM ACTIVITY OR EVENT

7. AMOUNT

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

\$ 0.00

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

\$ 0.00

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 0.00

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

\$

\$

\$

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 0.00



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE COLEMAN FOR MISSOURI		2. REPORT DATE 1/13/2006	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4. AMOUNT PAID OR INCURRED THIS PERIOD	
3. CATEGORY OF EXPENDITURE			
		\$	
		\$	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 0.00	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 0.00	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 0.00	
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
8. NAME AND ADDRESS OF RECIPIENT	9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
NAME: NGP Software, Inc ADDRESS: 1101 Vermont Ave CITY / STATE: washington, DC 20005	12/9/2005	\$ 750.00	<input checked="" type="checkbox"/> PAID 750.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$ 750.00	
13. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 0.00	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)		\$ 750.00	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 750.00	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 750.00	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0.00	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$ 0.00	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0.00	
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$ 0.00	
24. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 0.00	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 0.00	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$ 0.00	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 0.00	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$ 0.00	



MISSOURI ETHICS COMMISSION DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE COLEMAN FOR MISSOURI	2. REPORT DATE 1/13/2006
--	-----------------------------

DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

A. CANDIDATES

3. CANDIDATE'S NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHECK ONE SUPP. OPP.	6. EXPENDITURES THIS PERIOD	7. EXPENDITURES TO DATE
NAME: ADDRESS: CITY STATE ZIP:			\$	\$
NAME: ADDRESS: CITY STATE ZIP:			\$	\$
NAME: ADDRESS: CITY STATE ZIP:			\$	\$
NAME: ADDRESS: CITY STATE ZIP:			\$	\$

B. BALLOT MEASURES

8. NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION)	9. ELECTION DATE	10. CHECK ONE SUPP. OPP.	11. EXPENDITURES THIS PERIOD	12. EXPENDITURES TO DATE
BALLOT MEASURE: POLITICAL SUBDIVISION:			\$	\$
BALLOT MEASURE: POLITICAL SUBDIVISION:			\$	\$
BALLOT MEASURE: POLITICAL SUBDIVISION:			\$	\$